

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		5/1
O.I.P.E. CLASSIFIER		8	5-22-01
FORMALITY REVIEW	S.H	1085	6/21/01
RESPONSE FORMALITY REVIEW	CR	1109	10-03-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

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Claim	Final	Original	Date
1	✓	8	
2	✓	10	
3	✓	2	
4	✓	3	
5	✓	4	
6	✓	5	
7	✓	6	
8	✓	7	
9	✓	8	
10	✓	9	
11	✓	10	
12	✓	11	
13	✓	12	
14	✓	13	
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45	✓	44	
46	✓	45	
47	✓	46	
48	✓	47	
49	✓	48	
50	✓	49	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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 1-1-03  
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 10-3